

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

04/801 048
APPLICANT(S)

FILING DATE

3-8-07

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| TOTAL IND. | 4 | | | | | |
| TOTAL DEP. | 10 | | | | | |
| TOTAL CLAIMS | 14 | | | | | |

| | IND. | | DEP. | | IND. | | DEP. | |
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| TOTAL DEP. | | | | | | | | |
| TOTAL CLAIMS | | | | | | | | |

BEST AVAILABLE COPY